



MISSOURI DEPARTMENT OF REVENUE
CUSTOMER ASSISTANCE BUREAU
PO BOX 200
JEFFERSON CITY MO 65105-0200

PHONE: (573) 751-3680
FAX: (573) 751-0466
WEB SITE: www.dor.mo.gov

FORM
5064
(REV. 4-05)

SCHOOL BUS ENDORSEMENT GRANDFATHERING APPLICATION

The Federal Motor Carrier Safety Improvement Act, effective September 30, 2002, defines requirements for a new Commercial Driver License (CDL) school bus endorsement. To determine skills test grandfathering eligibility, complete this form and submit it, with your written test results for a school bus endorsement knowledge test completed after January 3, 2005, to the address shown above. You may view these new requirements at www.fmcsa.dot.gov

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)		MISSOURI DRIVER LICENSE NUMBER (OR SSN)	
ADDRESS	COUNTY	STATE	ZIP CODE

☐ I have taken the written and skills test for a new CDL with passenger endorsement since September 30, 2002.
(If the above statement is true, mark the box, sign and date below, and skip the remainder of this form.)

APPLICANT SIGNATURE	DATE (MM/DD/YYYY)
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CERTIFICATION STATEMENT

I hereby certify that, within the two-year period immediately prior to the date of this application:

- I have held a valid CDL license with passenger (P) endorsement to operate a school bus, representative of the type I will be driving;
- I have not had my privilege to operate a commercial motor vehicle suspended, revoked, cancelled, or disqualified;
- I have not been convicted of any of the disqualifying offenses in Federal code 383.51(b) while operating a commercial motor vehicle;
- I have not been convicted of any offense in a non-commercial motor vehicle that would be disqualifying under Federal code 383.51(b) if committed in a commercial motor vehicle;
- I have not had more than one conviction of any serious traffic violations defined in Federal code 383.5 while operating any type of motor vehicle;
- I have not had any conviction for a violation of State or local law relating to motor vehicle traffic control (other than parking violation) arising in connection with any traffic accident;
- I have not been convicted of any motor vehicle traffic violation that resulted in an accident;
- I have been regularly employed as a school bus driver (includes full time drivers and part time/substitute drivers).

APPLICANT SIGNATURE	DATE (MM/DD/YYYY)
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EMPLOYMENT INFORMATION (TO BE COMPLETED BY CURRENT EMPLOYER)

This section must be completed and signed by your most current employer as evidence of your employment history (within the previous two years) driving a school bus representative of your current CDL class and passenger endorsement.

EMPLOYER NAME	APPLICANT'S EMPLOYMENT DATES (MM/DD/YYYY)	
	FROM	TO
ADDRESS	STATE	ZIP CODE
EMPLOYER SIGNATURE	DATE (MM/DD/YYYY)	DAYTIME PHONE NUMBER ()